



Incident Report

Print Date/Time: 12/29/2015 12:12
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2015-00203300

Incident Date/Time: 12/20/2015 1:46:00 AM
Location: 11704 20TH ST NE
LAKE STEVENS WA 98258
Phone Number: (425) 971-4530
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0138-Fiske SS0126-Hingtgen
19N2	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HARTLEBEN, MARY					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AUD8241	

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

12/20/2015 : 02:11:42 SP0368 Narrative: COURTESY

12/20/2015 : 02:07:56 SP0386 Narrative: RESCUE TOWING ER

12/20/2015 : 01:48:15 SP0400 Narrative: NON-INJ, NON-BLK

12/20/2015 : 01:48:13 SP0368 Narrative: AGENCY ADVISED

12/20/2015 : 01:47:34 SP0400 Narrative: AC, NOW, WHI SUV VS RP'S PARKED VEH


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E495804

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2015-00203300
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LOCAL AGENCY CODING	0311900
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	12	-	20	-	2015		0147	31			S	W	OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH ST NE		BLOCK NO. <input checked="" type="checkbox"/> 11704
		MILE POST <input type="checkbox"/>

DISTANCE	30	00	MILES	N	E	FEET	S	W	OF (REFERENCE OR CROSS STREET)	117TH AVE NE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252632778
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LAST NAME	JOHNSON	FIRST NAME	DEVIN	MIDDLE INITIAL	M
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STREET NEW ADDRESS	2209 23RD ST
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CITY	EVERETT	ST	WA	ZIP	982013101
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	JOHNSDM090K3	STATE	WA	SEX	M	D.O.B. MMDDYYYY	05	-	23	-	1991
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AUD8241	STATE	WA	VIN#	4S6CK58W8X4427302
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	HOND	MODEL	PASS	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DEVIN JOHNSON 2209 23RD ST EVERETT WA 98201

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4346600333
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MMDDYYYY		-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	AXK4207	STATE	WA	VIN#	1J8HG68248C129949
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	JEEP	MODEL	COMAND	STYLE	4W	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DONALD HARTLEBEN 11704 20TH ST NE LAKE STEVENS WA 98258 D: 4259714530

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	B. FISKE #0138	BADGE OR ID #	0138	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E495804**CASE # **2015-00203300**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

V1 was traveling southbound on 117th Ave NE towards 20th St NE and was unable to stop at the stop sign and struck V2 as it was legally parked in the driveway.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
12-20-15 03:59 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079
12/20/2015 4:45:07 AM

BADGE OR ID #

0138

ORI #

WA0311900

TIME POLICE DISPATCHED

1:47 AM

TIME POLICE ARRIVED

1:55 AM

REPORT NO. E495804

CASE # 2015-00203300

DATE AND TIME
OF COLLISION 12/20/15 01:47

